Residential aged care facility residents: training issues for Australian general practitioners

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This paper argues for an Australian curriculum for medical learners, designed to deliver significant and unique learning outcomes associated with the care of the frail, usually elderly, population residing in residential aged care facilities (RACFs), and facilities that provide similar care, such as non-acute rural hospitals. It also calls for general practice support, and refinement, of an undergraduate effort in the area.

The Royal Australian College of General Practitioners' Silver Book[1] is a valuable resource for Australian general practitioners (GPs) who provide care to RACF residents; however, no overarching curriculum specific to the care of RACF residents aimed at undergraduates, junior doctors, registrars or GPs, exists in Australia.

RACFs provide respite or permanent care for frail or disabled people who can no longer live in their own homes, combining residential, personal and nursing care for 9% of Australians. Of residents in RACFs, 70% are 80 years or older and 90% die in the facility. Four percent of permanent residents are under the age of 65 years and usually have more behavioural and complex healthcare needs. About 25% of residents are transferred, per year, to hospital and 3% are likely to die there. Of the permanent residents, 52% will have dementia, 25% will have a mental illness, 25% will have cardiovascular disease and 17% will have musculoskeletal and connective tissue disease. The occupancy rate of RACFs is high at 92%.[2]

In 2011, 14% of Australia's population were 65 years or older and by 2031 this will climb to 20% and people over 80 years of age will make up an increasing proportion.[3] Thus, GPs managing the care of RACF residents deal with more complex and challenging care needs than may be found in surgery-based practice and demand for care is likely to increase. Data gathered in 2004–2006 found fewer referrals to other specialists and allied healthcare providers for care of RACF residents, perhaps reflecting a lack of available services.[4] Providing care in a resource-poor environment while dealing with complex patients may be too challenging for some GPs, especially those who are inexperienced, which may explain the continuing trend in Australia of older male GPs providing RACF services.[5] A specific curriculum aimed at GP registrars and currently practicing GPs wishing to up-skill, to assume RACF-resident care responsibilities may provide a part-solution to this looming problem.

However, we need to start at the undergraduate level, noting that senior medical students, as junior doctors, will be part of hospital-based teams accepting patients from RACFs and discharging them to RACFs. Therefore, gaining greater insight into the context of RACF care as a medical student may enhance RACF resident care. It may also improve early career GP engagement in RACF care if general practice is the junior doctor's future speciality.

If you are an Australian GP, you may care for residents in an RACF providing medical student placements. This extends the USA-based 'teaching nursing home' (TNH) innovation introduced in the 1960s by physicians offering a 'synergy between education, research and clinical

care'.[6] In Australia, nursing has led the development of a TNH model.[7] More widespread development, referred to as teaching and research aged care services (TRACS), began in 2012. TRACS is federally funded to 'support training and professional development in a range of disciplines including nursing, psychology, medicine, physiotherapy and occupational therapy. Key features of the funded models include aged-care-specific curriculum development, clinical training in residential and community care settings, inter-professional learning and participation by aged care employees in teaching, learning and research'.[8]

Adequately supported Australian clinical placements to deliver RACF-relevant curricula to some medical undergraduates are being provided via programs such as TRACS. This paper argues for Australian general practice to support initiatives such as TRACS. It also argues for the development of relevant curriculum and lobbying for resources to provide supported and supervised clinical experience for postgraduate GP-based learners. By doing so, general practice may reverse the current trend of disengagement from the provision of RACF care by Australia's younger GPs at a time when the need for RACF GP services is growing.

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